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Management of Yoni Arshas (Fibroepithelial Polyp) through Ayurveda - A Case Report

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ABSTRACT

Fibroepithelial Polyp of the vulva is a very rare and benign disorder that occurs generally in young to middle-aged women which may occur due to trauma, chronic irritation, allergic factors, or developmental or congenital causes. According to Ayurveda, it can be diagnosed as Yoni Arshas. This case report presents a 27 year old female with complaints of multiple progressive lesions in the vulva since 4 months and per vaginal discharge and itching since 1 month. The pathological diagnosis of the vulvar lesion specimen was Benign Fibroepithelial Polyp. Patient was treated with various Ayurvedic procedures like Chedana, Kshara Karma, Snehana and Prakshalana. Considerable relief of the condition was noted and the follow up visits confirmed the non-recurrence of the disease.

Key words: Yoni Arshas, Fibroepithelial Polyp of Vulva, Kshara Karma, Shastra Karma, Yoni Prakshalana.

INTRODUCTION

Fibroepithelial Polys are benign mesenchymal mass characterised by a polypoid proliferation of the stroma with overlying squamous epithelium.^[1] The aetiology of the fibroepithelial polyps are not fully known but may involve trauma, chronic irritation, allergic factors, or developmental or congenital causes. These polyps of the lower genital tract often develop in young to middle-aged women or female of the reproductive age. In contemporary science, management consists mainly of excision of the polyp.^[1] As per Ayurvedic classics, the fibroepithelial

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polyps can be compared to Yoni Arshas. It results from the vitiation of *Doshas* in the *Rakta* and *Mamsadhatus* in the Yoni Pradesha producing Sukumara (soft), Durgandha (foul smelling), pichhila-rudhirasravayukta (unctuous and bleeding), Chatrakara (umbrella shaped) projections.^[2] If this condition is not treated, it will lead to complete vitiation of the Yoni.^[2] For the management of Arshas, Shastra, Agni or Kshara Karma for Nirharana (removal) and some Bheshaja (internal medications) have been explained.^[3] Depending on the nature and time of onset of Arshas, the treatment should be planned.

CASE DESCRIPTION

A 27 year old female patient came to the OPD in January 2020, with the complaints of skin lesions in the vulval region since 4 months and foul smelling vaginal discharge, associated with itching since 1 month.

History

Patient with normal menstrual cycle was apparently normal 4 months ago. She noticed small eruptions in the vulval skin in September 2019, which gradually increased in size and number. Since December 2019,

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she is experiencing foul smelling white discharge from the vagina which is associated with itching.

Pelvic Examination and Clinical Findings

On inspection, blackish papular growths of varying size were seen covering the vulva. Thick foul smelling white discharge was seen coming from the vagina. Per Speculum examination revealed bulky cervix with thick white discharge. No lesions were seen internally.

Laboratory Results and Imaging

Date	Name of Investigation	Result
27/01/2020	HIV I&II Test	Non-Reactive
	HbsAg	Non-Reactive
	VDRL Test	Non-Reactive
	Vulval Tissue Biopsy	Benign fibroepithelial polyp

Diagnosis

Diagnosis of the fibroepithelial polyp was made by visual inspection and confirmation by tissue biopsy. The signs and symptoms are similar to *Yoni Arshas* explained in the *Ayurvedic* classics - projection like lesions of *Mamsa*, associated with foul smelling discharge and at the site of *Guhya*.^[4]

Interventions

Date	Treatment given	Observation	
23/01/2020 (OPD)	 Yoni Prakshalana with Triphala Kwatha twice/day for 7 days Cap. Grab 1-0-1 Tab. Lukol 1-1-1 Pushyanuga Churna (50g) + Godanti Bhasma (25g) + Trivanga Bhasma (10g) + Amalaki Churna (50g) → 1tsp- 	 Initially thick, foul smelling curdy white discharge associated with itching was seen. After 7 days of <i>Prakshalana</i> and oral medications, white 	
	1tsp-1tsp with honey and <i>Tandulodaka</i>Marichyadi Taila E/A	discharge with foul smell and itching was	

	on the vulval lesions for 7 days <i>Kusuma</i> Bath Powder for wash	reduced. Lesions became soft after application of <i>Marichyadi</i> <i>Taila</i> for 7 days.
07/02/2020 (IPD)	 Left Vulval Skin Lesions removed using No.11 surgical blade Yava Kshara application on wound for 10 mins F/B NS wash Kshara Taila application on wound Wound wash with Panchavalkala Kwatha F/B Jatyadi Taila application at night. 	 Bleeding was observed after the lesions were removed With application of <i>Kshara</i> for 10 minutes bleeding stopped.
08/02/2020 to 09/02/2020	 Wound Care: Wound wash with Panchavalkala Kwatha F/B Jatyadi Taila application (twice/day) Ksharataila + Yava Kshara application on wound site for 1/2 hour F/B NS wash 	 Wound was healthy – pink No bleeding or discharge Pain and tenderness – (+)(+) At the end of 2 days, wound turned yellowish in colour, pain and tenderness reduced.
10/02/2020	 Right side Skin Lesions removed using No.11 surgical blade Wound care done as mentioned above 	 Bleeding was observed after the lesions were removed With application of Kshara bleeding stopped.

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25/02/2020

(Discharged)

week

1 week

on vulva

Tab. Lukol 1-0-1 for 1

Tab. Nirocil 1-0-1 for

Marichyadi Taila E/A

11/02/2020 to 16/02/2020	 Wound Care: Wound wash with Panchavalkala Kwatha F/B Jatyadi Taila application (twice/day) Kshara Taila + Yava Kshara application on wound site for 1 hour F/B NS wash. 	 Wound was healthy – pink No bleeding or discharge Pain and tenderness – (+)(+) At the end of 6 days, wound turned yellowish in colour, healthy granulation tissue was seen, pain and tenderness reduced. 	25/03
17/02/2020	 Smaller skin lesions on both sides removed using No.11 surgical blade Wound care done as mentioned above 	 Bleeding was observed after the lesions were removed With application of <i>Kshara</i> bleeding stopped. 	RESU Follo giver redu skin <i>Ksha</i> the v
18/02/2020 to 24/02/2020	 Wound care done as mentioned above 	 Wound was healthy – pink No bleeding or discharge Pain and tenderness - (+)(+) At the end of 7 days, wound turned yellowish in colour, healthy granulation tissue was seen, pain and tenderness reduced. 	at the

			-	healthy granulation tissue No tendrness or pain
25/03/2020	•	No further treatment given as patient came for follow up.	•	Healthy vulva No skin lesions seen No white discharge present No recurrence of any
			symptoms observed	

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ULTS

owing the Yoni Prakshala and oral medications en on OPD basis, the vaginal discharge and itching uced. Later patient was admitted and the vulval lesions were removed by doing Chedana and ara Karma. Proper wound care was provided and vulva was healthy and devoid of any skin lesions he time of discharge. No recurrence was observed.

ore Treatment (27/01/2020)



Wound was

completely

No bleeding or

healed

discharge

Appeared

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yellowish white

in colour with

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DISCUSSION

As per Acharya Sushruta, general principles of treatment for Arshas are applicable for Yoni Arshas i.e. Bheshaja, Kshara, Agni and Shastra Karma.^[3] In the present case, the lesions were Mridu (soft), Prasruta (spreading/ progressive), Uchrita (protruberent) and Tanumoola (pedicle), hence Shastra Karma i.e. Chedana was selected. As per Ashtanga Hridaya, Yoni Arshas should be treated just like other Arshas i.e. Chedana, Dahana, followed by treatment as mentioned in *Upadamsha*.^[5] In this case, Dahana was carried out in the form of application of Yava Kshara and Kshara Taila which has Dahana, Pachana, Daarana, Vilayana, Shodhana, Ropana, Lekhana properties.^[6] Also Kshara was used in this case with an intension to use the properties of Dahana, Pachana, Shodhana, Ropana and Lekhana. Upadamsha Chikitsa includes Kshalana which was done with Panchavalkala Kwatha which has Vatahara, Vrana Shodhaka, Ati Twak Prasadaka, Ropana properties. Most of the ingredients of Jatyadi Taila are having Tikta, Kashaya Rasa and Laghu, Ruksha Guna. Kashaya Rasa does Shoshana which does Vrana Ropana. Tikta Rasa does Twak Mamsa Sthirikarana and Lekhana. Katu Rasa does Vrana Shodhana and

Avasadana. Hence, it contains drugs which possess both Shodhana and Ropana qualities which helps in proper healing.

Fibroepithelial polyp is said to be caused due to chronic irritation which may be caused by the recurrent white discharge as seen in this patient. Hence, as advice on discharge Tab. Nirocil and Tab. Lukol were prescribed. Tab. Nirocil contains Tamalaki which has anti-microbial property which prevents infections. Tab. Lukol contains drugs like Shatavari, Dhataki, Punarnava, Trikatu, Pooga, Ela, Nagakeshara, Chandana, Shilajitu, Pravala Bhasma, Bilva, Triphala, Gugqulu, Loha Bhasma, Trivanga Bhasma, Palasha, which are Kaphahara, Vatahara and Sthambaka in nature thus helping in reducing the Srava. Marichyadi Taila given for external application on vulva has Vrana Nashaka property.^[7]

Overall, the treatment was aimed at treating the *Yoni Arshas* solely through Ayurvedic approach and avoiding the recurrence.

CONCLUSION

Fibroepithelial Polyp in the vulva may be compared to *Yoni Arshas* explained in the *Ayurvedic* classics. In the present study, *Chedana, Dahana* and *Upadamsha Chikitsa* was done for the removal of the *Arshas* and its management. It provided complete cure for the signs and symptoms of the *Yoni Arshas*. Internal medications like Tab. Nirocil and Tab. Lukol helped in prevention of the recurrence of the disease.

Етніся

Consent of the patient was collected for publishing the details and images pertaining to the case and treatment.

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